IPDR6702				NORTH CAROLINA		PAGE:	1	
	01/07/2007			CHECKWRITE SUMMARY REPORT				
				CKWRITE DATE: 01/09/2007 FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	424	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		11	138	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	700	1045	345
				DATE				
		8800	55	FURTHER PROCESSING NECESSARY,				
		0000	33	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	8534	168	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				FROVIDER. FRENCE VERTET THE F				
		8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	486	8612	8126
				BENEFIT PACKAGE.				
		143	46	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404910	PATHWAYS	11	117	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	5	195	1264	1069
				BENEFIT PACKAGE.				
		191	11	CLIENT ID NUMBER DOES NOT MATC				
		191	11	H PATIENT NAME				
3404912	CATAWBA COUNTYM	79	18	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	13	DETAIL NOT COVERED BY COMBINAT	0	36	6314	6278
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10		THOUSEN OF ORDIVER AND ADDRESS OF				
		10	2	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404913	MECKLENBURG COM	8599	4124	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		143	1288	CLIENT ID NUMBER NOT ON STATE	502	9033	24726	15693
		-		ELIGIBILITY FILE				
		11	1269	CLIENT NOT ELIGIBLE ON SERVICE				
		11	1268	DATE				
3404916	CROSSROADS BEHA	21	314	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		8534	9	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	0	342	1983	1641
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
		-91	*	H PATIENT NAME				
3404917		11	747	CLIENT NOT ELIGIBLE ON SERVICE				
J70771/	CENTERPOINT HUM AN SERVICES	11	,3/	DATE				
		8599	442	DETAIL NOT COVERED BY COMBINAT	6	1990	6084	4094
				ION OF RECIPIENT, PROVIDER AND		1550	5004	1034
				BENEFIT PACKAGE.				
		8505	259	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		1	1	1	1	l .	1	1

PROVIDER NUMBER					ļ		TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NOMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404010		11	1	OLIDAM NOW BLICIDIE ON CEDUICE				
3404919	GUILFORD CO MEN	11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	TAL HEALTHC		+	DATE				
		+	+				-	
		79	1	THIS SERVICE IS NOT PAYABLE TO	0	2	72	70
			+	YOUR SUBMITTED BILLING			12	7.0
		+		PROVIDER TYPE AND SPECIALTY IN			+	
		+						
3404920	ALAMANCE CASWEL	8599	445	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	75	DUPLICATE OF CLAIM-SYSTEM	2	642	4857	4215
		8505	34	CLAIM DENIED DUE TO INSUFFICIE				
			-	NT BUDGET			-	
		+	+				+	
3404921	ORANGE PERSON C	8505	1771	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA	+		NT BUDGET			+	
			*					
		11	537	CLIENT NOT ELIGIBLE ON SERVICE	7	4867	12095	7228
				DATE				
		0.536	E27	AMMERINANC DROUTERS MURE AND CO			<u> </u>	
		8536	527	ATTENDING PROVIDER TYPE AND SP			<u> </u>	
		+	+	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	1		+	-
		+	+	VILLE FOR SUBMITTED DIBLING PK	1	-	+	
3404922		21	294	DUPLICATE OF CLAIM-SYSTEM				
	THE DURHAM CENT ER	+	+				+	
	ER	-	+					
		+	+				+	
		8518	130	CLAIM DENIED, SUBMITTED BEYOND	28	746	4251	3505
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8537	99	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404923		11	292	CLIENT NOT ELIGIBLE ON SERVICE				
3404923	FIVE COUNTY MH	11	232	DATE				
			+	DAIL				
		+	+				+	
		8536	277	ATTENDING PROVIDER TYPE AND SP	0	936	5756	4820
			+	ECIALTY COMBINATION IS NOT		330	3730	4020
		+	+	VALID FOR SUBMITTED BILLING PR			+	
		+	†					
		21	155	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE	21	184	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	21	184	DUPLICATE OF CLAIM-SYSTEM				
3404925								
3404925		21	184	SUBMITTED BILLING PROVIDER IS	158	1240	8760	7520
3404925				SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF	158	1240	8760	7520
3404925				SUBMITTED BILLING PROVIDER IS	158	1240	8760	7520
3404925				SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF	158	1240	8760	7520
3404925		8532	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	158	1240	8760	7520
3404925		8532	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE	158	1240	8760	7520
		8532 8931	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	158	1240	8760	7520
3404925		8532	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND	158	1240	8760	7520
	R FOR MH/DD	8532 8931	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	158	1240	8760	7520
	R FOR MH/DD SOUTHEASTERN RE	8532 8931	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND	158	1240	8760	7520
	R FOR MH/DD SOUTHEASTERN RE	8532 8931 8518	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
	R FOR MH/DD SOUTHEASTERN RE	8532 8931	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT	158			
	R FOR MH/DD SOUTHEASTERN RE	8532 8931 8518	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE EVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMBLIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD SOUTHEASTERN RE	8532 8931 8518	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD SOUTHEASTERN RE	8532 8931 8518	169 138 868	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.				
	R FOR MH/DD SOUTHEASTERN RE	8532 8931 8518	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE EVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMBLIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD SOUTHEASTERN RE	8532 8931 8518	169 138 868	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL	8532 8931 8518	169 138 868	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE				
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8532 8931 8518	169 138 868 189	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL	8532 8931 8518	169 138 868 189	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT				
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8532 8931 8518 8599	169 138 868 189	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8532 8931 8518	169 138 868 189	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC			7064	538
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8532 8931 8518 8599	169 138 868 189	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	55	1677	7064	538
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8532 8931 8518 8599 11	169 138 868 189 107 74	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	55	1677	7064	538
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8532 8931 8518 8599	169 138 868 189	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED AMTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC	55	1677	7064	538

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	11	26	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	MNTL HLTHC			DATE				
		21	14	DUPLICATE OF CLAIM-SYSTEM	0	52	1679	1627
		8599	5	DETAIL NOT COVERED BY COMBINAT				
			-	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404021		8599	544	DESTALL NOT COMPLETE BY COMPANIE				
3404931	WAKE CO HUM SVC	0333	344	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	BILLING OF			BENEFIT PACKAGE.				
		143	144	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	82	1668	19451	17783
		11	133	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404933	SOUTHEASTERN CT	8536	931	ATTENDING PROVIDER TYPE AND SP				
	R FOR MH/DD			ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
				AUTH FOR SORWHITTEN DIPPING LK				
		120	174	CLIENT ID NUMBER MISSING OR IN	9	1433	6303	4870
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		11	110	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404934		8599	796	DETAIL NOT COVERED BY COMBINAT				
3101331	ONSLOW CARTERET BEHAV HEAL	0000	, , , ,	ION OF RECIPIENT, PROVIDER AND				
	DHIIV IIIII			BENEFIT PACKAGE.				
		143	472	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	2568	4749	2181
		11	400	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0					
		-			0	0	0	0
3404936	WILSON-GREENE M	8952	38	CLAIM DENIED DUE TO AGE RESTRI				
	ENTAL HEALT			CTIONS FOR TARGET POPULATION				
		21	31	DUPLICATE OF CLAIM-SYSTEM	1	74	3368	3294
		11	3	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404937	EDGECOMBE NASH	8518	45	CLAIM DENIED, SUBMITTED BEYOND				
	MNTL HLTH C			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE	-			
		21	31	DUPLICATE OF CLAIM-SYSTEM			1,000	1400
					0	82	1571	1489
		7001	5	EXCEEDS THE ONE PER DAY LIMITA				\Box
				TION				
3404939	NEUSE MENTAL HE	8534	438	SERVICE FACILITY LOCATION IS N				
	ALTH CENTER			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				AND TORK. FEBRUS VERTET IND F				
		21	146	DUPLICATE OF CLAIM-SYSTEM	0	810	1736	926
		8599	127	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			1					

DD OUT DDD		HIGH DENIAL	WINDER OF				TOTAL	TOTAL
PROVIDER NUMBER		EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	PITT CO MH/DD/S	21	1136	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
		8518	569	CLAIM DENIED, SUBMITTED BEYOND				
		0310	309	FILING TIMELIMIT. PRIOR		0 2204	5379	3175
				FISCAL YEAR DOS (JULY 1 - JUNE				
		23	250	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404942		3411	66	PROVIDER TYPE AND SPECIALTY 07				
3404942	ROANOKE CHOWANH UMAN SERVIC	3111	00	4/113 CANNOT BILL ENHANCED				
	UMAN SERVIC			BENEFIT SERVICES ON OR AFTER D				
		8599	28	DETAIL NOT COVERED BY COMBINAT		0 128	1210	1082
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8654	14	ONLY 16 UNITS ALLOWED PER DAY				
				WITHOUT PRIOR				
	1	1	1	APPROVAL. PLEASE CORRECT THE	1	1	1	
3404943	ALBEMARLE MENTA	8536	61	ATTENDING PROVIDER TYPE AND SP				
	L HEALTH CE	1		ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
				VALID FOR SUBMITTED BILLING PR				
		8599	26	DETAIL NOT COVERED BY COMBINAT	1	9 192	2746	2554
				ION OF RECIPIENT, PROVIDER AND	1	9 192	2/46	2554
				BENEFIT PACKAGE.				
		537	24	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404944	EASTPOINTE HUMA	8599	213	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	19	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME		6 287	5677	5390
				II FAITENI NAME				
		8518	15	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404946		8599	137	DETAIL NOT COVERED BY COMBINAT				
3404346	FOOTHILLS AREAM	0399	137	ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
		8952	76	CLAIM DENIED DUE TO AGE RESTRI		1 493	5080	4587
				CTIONS FOR TARGET POPULATION				
		8536	74	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404957	TIDELAND MENTAL	8505	739	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8800	523	FURTHER PROCESSING NECESSARY,		3 1315	2387	1072
		1	+	PLEASE CHECK FOR CLAIM ON	1	. 1313	2307	1072
				FUTURE RA'S.				
	_	8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	+	+	+	BENEFIT PACKAGE.	+	+	1	<u> </u>
	+	+	+		+	+	 	
3404979	NEW RIVER AREAM	8505	505	CLAIM DENIED DUE TO INSUFFICIE				
-	H/DD/SA PRO			NT BUDGET				
		1			1		1	ļ
		11	203	CLIENT NOT ELIGIBLE ON SERVICE	1			<u> </u>
	+		200	DATE	+	0 716	846	130
			+					1
		3412	5	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
	1			BENEFIT SERVICES ON OR AFTER D			1	